THE FIFTY MINUTE GERIATRIC FELLOWSHIP
RULE #1

YOU ARE NOT ALLOWED TO GET OLD QUICKLY
COROLLARY TO RULE #1

IF YOU GET OLD SLOWLY,
WE STILL NEED TO TALK
WHAT IS TO BE OLD?

GRAY HAIR
MORE HAIR SOME PLACES, LESS IN OTHERS
LOSS OF 1-2 INCHES OF HEIGHT
DECREASED WATER COMPARTMENT
VARIABLE LOSS OF MUSCLE AND BONE
NEED FOR MORE MAINENTANCE
WHAT IS IT TO BE OLD--II

- MORE NIGHT-TIME URINATION
- FLATTENING OF CIRCADIAN RHYTHMS
- INCREASE IN HETEROGENEITY—HEALTH STATUS NOT INDICATED BY AGE OR PROBLEM LIST
- LOSS OF RESERVES – ”HOMEOSTENOSIS”
WHAT IS NORMAL IN THE AGING BRAIN?

- DIFFICULTY WITH RETRIEVAL
- DIFFICULTY WITH SIMULTANEOUS PROCESSING
- DECREASED SPEED OF PROCESSING
USUAL AGING

• Multiple illnesses

• Multiple medications

• Decreased function
HOW OLDER PEOPLE GET SICK

• Confusion
• Sleepiness
• Falls/weakness
• Decreased Function
• Urinary incontinence
• Loss of appetite/Weight loss
RULE # 2

TO KNOW HOW FAR YOU HAVE COME, YOU NEED TO KNOW WHERE YOU STARTED
WHY IS ILLNESS MISSED IN OLDER PATIENTS?

RULE #3

IT ALL LOOKS THE SAME
WHY IS ILLNESS MISSED IN OLDER PATIENTS?

RULE # 3a

IT ALL LOOKS DIFFERENT
ATYPICAL PRESENTATIONS—INFECTIONS

-”BUT HE DOESN'T HAVE A FEVER!”
-MAY NOT HAVE LEUKOCYTOSIS (GET THE DIFFERENTIAL)
-URINARY INFECTION WITHOUT SYMPTOMS OR ABNORMAL UA (GET THE CULTURE)
-PNEUMONIA WITHOUT DYSPNEA OR COUGH (GET THE X-RAY)
-LATERAL SLUMP SIGN
DYSPNEA

• PATIENT MAY NOT BE AWARE OF BREATHING DIFFICULTY (I’M SLOWING DOWN…)

• FAMILY MIGHT NOTE PROBLEM, MAY OR MAY NOT BELIEVE PATIENT’S DENIAL (OR MAY THINK ITS AGE)
ATYPICAL PRESENTATIONS-CARDIOVASCULAR

• CAD/MI WITHOUT CHEST PAIN—DISCOMFORT, FATIGUE, LIGHTHEADEDNESS, SOB

• CHF WITHOUT DYSPNEA/ORTHOPNEA—FATIGUE, SLOWING DOWN, INSOMNIA, HEADACHE, CONFUSION, AGITATION

• ORTHOSTATIC HYPOTENSION WITHOUT DIZZINESS—WEAKNESS, FALLS, FATIGUE, “WATERY LEGS”
DEPRESSION

• Non-dysphoric depression
• More irritability, guilt, worthlessness, somatic complaints, confusion
• Primary anxiety disorder rare in elderly—anxiety usually means depression
• Psychiatric disease can present with physical complaints, and physical disease with psychiatric complaints
ATYPICAL PRESENTATIONS--
OTHER

- Vestibular problems without "vertigo"—(look at the ears!)
- Acute abdomen or meningitis with minimal signs (be suspicious)
RULE #4

LISTEN TO THE PATIENT...

BUT DON’T LISTEN TO THE PATIENT
RULE # 5
HICKAM’S DICTUM

THE PATIENT CAN HAVE AS MANY DISEASES AS HE DAMN WELL PLEASURES
ALMOST ALWAYS MORE THAN ONE CAUSE OF THE PROBLEM

SOME MAY BE TREATABLE, SOME MAY NOT

DON’T STOP WITH THE EASY ANSWER
RULE #6

THE MEDICATIONS ARE GUILTY UNTIL PROVEN OTHERWISE
ANY DRUG CAN CAUSE ANY SYMPTOM IN ANY INDIVIDUAL
WHEN I GIVE YOU A MEDICATION, THROW OUT THE SIDE EFFECT LIST

CALL ME IF YOU FEEL WORSE
ANY DRUG CAN CAUSE ANY SYMPTOM IN ANY INDIVIDUAL AT ANY TIME
HERO, VILLIAN, OR EXTRA?

ARE YOU SURE THAT THE DRUG IS HELPING?

ARE YOU SURE YOU NEED IT?

ARE YOU SURE THAT IT IS NOT CAUSING HARM?
SIDE EFFECTS CAN BE ADDITIVE
ANTICHOLINERGIC DRUGS

- Furosemide-0.22
- digoxin-0.25
- theophylline-0.44
- prednisolone-0.55
- nifedipine-0.22
- isosorbide-0.15
- Codeine-0.11
- cimetidine-0.86
- ranitidine-0.22
- dipyridamole-0.11
- Dyazide-0.08
- warfarin-0.12
More than 0.83 atropine equivalents can impair self-care of demented elderly

Furosemide, ranitidine, isosorbide and digoxin=0.84
THE DRUG LIST DOES NOT EQUAL THE DRUG INTAKE

RULE #7

DO A BROWN BAG BIOPSY
RULE #8

DO ONE THING AT A TIME

(UNLESS THERE IS NO TIME)
RULE #9

EXERCISE IS THE FOUNTAIN
OF YOUTH
THE RULES

1. YOU ARE NOT ALLOWED TO GET OLD QUICKLY
2. TO KNOW HOW FAR YOU HAVE COME, YOU NEED TO KNOW WHERE YOU STARTED
3. ALL ILLNESSES CAN LOOK THE SAME (EXCEPT THE ONES THAT LOOK DIFFERENT)
4. LISTEN TO THE PATIENT, BUT DON'T...
THE RULES--II

• 5. HICKAM’S DICTUM--THERE IS ALMOST ALWAYS MORE THAN ONE CAUSE OF A PROBLEM
• 6. THE MEDICATIONS ARE GUILTY UNTIL PROVEN OTHERWISE
• 7. BROWN BAG BIOPSY
• 8. DO ONE THING AT A TIME--UNLESS THERE IS NO TIME
• 9. EXERCISE IS THE FOUNTAIN OF YOUTH
THE FELLOWSHIP IS SHORT,

ART IS LONG